DECLARATION FOR PATENT APPLICATION

* As a below named inventor, I hereby declare that:

Post Office Address

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled CYTOKINE ANTAGONISTS FOR THE TREATMENT OF LOCALIZED DISORDERS, the specification of which

CHOKINE ANIAGOUTS	13 FOR THE TREATMENT OF	COCALITY CHARACTERS, S	ic appearance or winder
(check one) 🖾 is attached he			as
• •	Serial No ended on		(if applicable).
I hereby state that I have revie by any amendment referred t		the above identified specification, includi	ng the claims, as amended
	sclose information which is material	to the examination of this application in	accordance with Title 37,
I hereby claim foreign priority certificate listed below and ha	y hencfits under Title 35. United Stat	tes Code, §119 of any foreign application a application for patent or inventor's cert	(s) for patent or inventor's ificate having a filing date
Prior Foreign Application(s)			Priority Claimed
(Number)	(Country)	(Day/Month/Year Filed)	Yes No
(Number)	(Country)	(Day/Month/Year Filed)	Yes No
(Number)	(Country)	(Day/Month/Year Filed)	Yes No
Title 37, Code of Federal OF PCT international filing of 19/563,651 09/476,643 Application Serial No.) 09/275,070 Application Serial No.) 09/256,388 1 hereby appoint the followin Trademark Office connected	Regulations, §1.56(a) which occurred the of this application: 09/8 May 2, 2000 December 31 (Filing Date) March 23, 1 (Filing Date) February 24 ag attornes (s) and/or agent(s) to provide the rewith:	(Status—pater 999 Pate (Status—pater 1999 Aban secute this application and to transact all	plication and the national 2001, pending ing nted nted, pending, abandoned) nted need, pending, abandoned)
77.5	a Sution, Reg. No.		
Address all telephone calls Address all correspondence		at telephone no(/32) 634–3520
The state of the s	EZRA SUTT	, , , , , , , , , , , , , , , , , , , ,	
Company Company		900 Rout <u>e 9</u>	
	<u> </u>	e, New Jersey 07095	*
belief are believed to be true- like so made are punishable	; and further that these statements we by fine or imprisonment, or both, to	owledge are true and that all statements were made with the knowledge that willfunder Section 1001 of Title 18 of the Us application or any patent issued thereor	ul false statements and the nited States Code and that
Full name of sole or first in	DR. EDWARD L	. TOBINICK	
Inventor's signature		Pate April 20.	
Post Office Address	O UCLA Medical Plaza	a, Suite 205	ates of America
Full name of second joint in	s Angeles, Californ nventor, if any		
	inventor, ir any		
Residence		Citizenship	